

Harford County Health Department

Pre-Permit Plan Review

PURPOSE:

Many citizens desire to have their construction project reviewed by the Harford County Health Department prior to making formal application to the Harford County Department of Planning and Zoning. This process provides individuals with information on the feasibility of their plan as it relates to Health Department requirements, and also permits them to incorporate Health Department recommendations into their plans. For the Health Department to evaluate your proposal, the following is required:

Owner's Information:

Property owner(s) name _____
Owner's address _____
Owner's phone number _____

Applicant's Information:

Applicant's name (if different from owner) _____
Applicant's address _____
Applicant's phone number _____

Property Location:

Property address _____
Subdivision _____ Lot # _____
Tax Map # _____ Grid _____ Parcel # _____ Tax ID # _____

Describe Proposed Project:

Site Plan:

A site plan must be attached, drawn to an appropriate scale (1" = 30', 1" = 50', 1" = 100'). Show all existing and proposed improvements such as dwelling, garage, driveway, outbuildings, well, septic tank and drainfield locations. Also, if applicable, indicate your recorded Septic Reserve Area (SRA), and any neighboring well and septic system or septic reserve areas (SRA) located within 100' of the property line.

Floor Plan:

For additions or modifications, a floor plan of the proposed construction, the existing structure and any modification to the existing dwelling is required. Please indicate on the plan the use of each area (naming all room uses, corridors, and showing all doors and windows).

NOTE: This submittal does not have to be a final draft. The site plan and floor plan may be drawn by owner or applicant as long as they are drawn to scale, accurately showing true information about the property.

The proposal is correct to the best of my knowledge and belief. Consent is given for the entry of authorized personnel at reasonable times for tasks related to this proposal.

Signature _____ Date _____